United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

Date:

In Re:

-v-

Case #:   (   )

Dear Litigant,

Enclosed is a copy of the judgment entered in your case.

Your attention is directed to Rule 4(a)(1) of the Federal Rules of Appellate Procedure, which requires that if you wish to appeal the judgment in your case, you must file a notice of appeal within 30 days of the date of entry of the judgment (60 days if the United States or an officer or agency of the United States is a party).

If you wish to appeal the judgment but for any reason you are unable to file your notice of appeal within the required time, you may make a motion for an extension of time in accordance with the provision of Fed. R. App. P. 4(a)(5). That rule requires you to show "excusable neglect" or "good cause" for your failure to file your notice of appeal within the time allowed. Any such motion must first be served upon the other parties and then filed with the Pro Se Office no later than 60 days from the date of entry of the judgment (90 days if the United States or an officer or agency of the United States is a party).

The enclosed Forms 1, 2 and 3 cover some common situations, and you may choose to use one of them if appropriate to your circumstances.

The Filing fee for a notice of appeal is $5.00 and the appellate docketing fee is $250.00 payable to the "Clerk of the Court, USDC, SDNY" by certified check, money order or cash. **No personal checks are accepted.**

J. Michael McMahon, Clerk of Court

by: _____

, Deputy Clerk

APPEAL FORMS

Docket Support Unit   Revised: March 4, 2003

United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

```
------------------------------------------------------X
                                                      |
                                                      |      NOTICE OF APPEAL
                                                      |
           -V-                                        |
                                                      |
                                                      |      civ.          (   )
                                                      |
------------------------------------------------------X
```

Notice is hereby given that _____

(party)

hereby appeals to the United States Court of Appeals for the Second Circuit from the Judgment [describe it]

entered in this action on the _____ day of _____ , _____ .

(day)   (month)   (year)

_____

(Signature)

_____

(Address)

_____

(City, State and Zip Code)

Date: _____   (   ) _____-_____

(Telephone Number)

Note: You may use this form to take an appeal provided that it is <u>received</u> by the office of the Clerk of the District Court within 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

<u>FORM 1</u>

<u>**APPEAL FORMS**</u>

United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

```
-----------------------------------------------------X
                                                     |
                                                     |       MOTION FOR EXTENSION OF TIME
                                                     |         TO FILE A NOTICE OF APPEAL
                                                     |
            -V-                                      |
                                                     |
                                                     |          civ.              (    )
                                                     |
-----------------------------------------------------X
```

Pursuant to Fed. R. App. P. 4(a)(5), _____ respectfully
                                                          (party)

requests leave to file the within notice of appeal out of time. _____
                                                                          (party)

desires to appeal the judgment in this action entered on _____ but failed to file a
                                                                (day)

notice of appeal within the required number of days because:

[Explain here the "excusable neglect" or "good cause" which led to your failure to file a notice of appeal within the required number of days.]

_____
(Signature)

_____
(Address)

_____
(City, State and Zip Code)

Date: _____   (   ) _____ - _____
                                                      (Telephone Number)

Note: You may use this form, together with a copy of Form 1, if you are seeking to appeal a judgment and did not file a copy of Form 1 within the required time. If you follow this procedure, these forms must be <u>received</u> in the office of the Clerk of the District Court no later than 60 days of the date which the judgment was entered (90 days if the United States or an officer or agency of the United States is a party).

<u>FORM 2</u>

<u>APPEAL FORMS</u>

United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

```
-------------------------------------------------------X
                                          |
                                          |           NOTICE OF APPEAL
                                          |               AND
                                          |      MOTION FOR EXTENSION OF TIME
              -V-                         |
                                          |           civ.          (    )
                                          |
                                          |
-------------------------------------------------------X
```

1.   Notice is hereby given that _____ hereby appeals to

the United States Court of Appeals for the Second Circuit from the judgment entered on _____ .

[Give a description of the judgment]

2.   In the event that this form was not received in the Clerk's office within the required time

_____ respectfully requests the court to grant an extension of time in

accordance with Fed. R. App. P. 4(a)(5).

        a.   In support of this request, _____ states that

this Court's judgment was received on _____ and that this form was mailed to the

court on _____ .

                                        _____
                                                    (Signature)

                                        _____
                                                    (Address)

                                        _____
                                              (City, State and Zip Code)

Date: _____   (   ) _____-_____
                                                    (Telephone Number)

Note: You may use this form if you are mailing your notice of appeal and are not sure the Clerk of the District Court will <u>receive</u> it within the 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

<u>FORM 3</u>

United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

```
-------------------------------------------------------X
                                     |
                                     |        AFFIRMATION OF SERVICE
                                     |
        -V-                          |
                                     |
                                     |        civ.           (    )
                                     |
                                     |
-------------------------------------------------------X
```

I, _____, declare under penalty of perjury that I have

served a copy of the attached _____

_____

upon _____

_____

whose address is: _____

_____

Date: _____
        New York, New York

                                        _____
                                                    (Signature)

                                        _____
                                                     (Address)

                                        _____
                                            (City, State and Zip Code)

FORM 4

APPEAL FORMS

Docket Support Unit   Revised: March 4, 2003